

U.S. Department of Justice  
United States Marshals Service

# PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF Michaela Karle	COURT CASE NUMBER 3:14-CV-30062-MAP
DEFENDANT Capital One	TYPE OF PROCESS Serving of Complaint

**SERVE AT** NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

Progressive Direct Insurance

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

6300 Wilson Rd. Mayfield Village, OH 44143

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

Michaela Karle  
79 Thompson St.  
Springfield, MA 01109

Number of process to be served with this Form 285

Number of parties to be served in this case

Check for service on U.S.A.

RECEIVED  
DEPARTMENT OF JUSTICE  
2014 MAY -5 1P 1:13

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

Signature of Attorney other Originator requesting service on behalf of:

☒ PLAINTIFF

☐ DEFENDANT

TELEPHONE NUMBER

413-887-8804

DATE

4/18/14

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process 1	District of Origin 38	District to Serve 1038	Signature of Authorized USMS Deputy or Clerk Dale W. Spelly	Date 4/22/14
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I hereby certify and return that I ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

Kathy Kauser 440.395.3377

☒ A person of suitable age and discretion then residing in defendant's usual place of abode

Address (complete only different than shown above)

Date 5/8/14 Time 1:00 ☐ am ☒ pm

Signature of U.S. Marshal or Deputy

See 29

Service Fee \$55.05	Total Mileage Charges including endeavors \$66.32 \$17.92	Forwarding Fee \$8	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*) \$0.00
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REMARKS:

Fwd ND/OH - 4/30/14

\$55.05 + 17.92 + 8 = \$80.92

PRIOR EDITIONS MAY BE USED

PRINT 5 COPIES

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

U.S. Postal Service™  
Case 3:14-cv-00062-MAP  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Post		
Sent To United States Marshals Service Northern District of Ohio U.S. Courthouse 801 West Superior Ave, S-12-100 Cleveland, OH 44113-1853 Attn: Service of Process		
Street, Apt or PO Box		
City, State,		
PS Form 3800, August 2006		
See Reverse for Instructions		

U.S. Department of Justice

United States Marshals Service

District of Massachusetts

300 State Street, S-101, Springfield, MA 01109

**TO:** United States Marshals Service  
Northern District of Ohio  
U.S. Courthouse  
801 West Superior Ave, S-12-100  
Cleveland, OH 44113-1853

**FROM:** Daniel Spellacy

**SUBJECT:** SERVICE OF PROCESS 3:14-CV-300062

Enclosed please find:

USM-285 Form	1
S&C	1

**Remarks:** Please, kindly serve the attached S&C and return the USM-285 Form proof of service to the above address

Thank you!

Enclosure(s)

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

United States Marshals Service  
Northern District of Ohio  
U.S. Courthouse  
801 West Superior Ave, S-12-100  
Cleveland, OH 44113-1853  
Attn: Service of Process

2. Article Number

(Transfer from service lab)

7012 3050 0000 7258 0684

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

Rod Sawall

☐ Agent☐ Addressee

B. Received by (Printed Name)

Rod Sawall

C. Date of Delivery

5-5-74

D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☐ No

3. Service Type

☒ Certified Mail☐ Express Mail☒ Registered☒ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes